

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		7-12-00
O.I.P.E. CLASSIFIER	8		7-17-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	601674		8-12

**BEST AVAILABLE COPY**  
**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	
Original	2 9 3 10 12 15 9 1 6 2 3 3
1	✓ ✓ ✓ ✓
2	✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓
4	✓ ✓ ✓ ✓
5	✓ ✓ ✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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